

**County of San Bernardino  
Clerk of the Board of Supervisors**

385 N. Arrowhead Avenue, 2<sup>nd</sup> Floor, San Bernardino, CA 92415-0130  
(909) 387-3841 Fax (909) 387-4554  
Internet: www.sbcounty.gov/cob/



**APPLICATION FOR THEATER LICENSE**

Applicant's Legal Name: First: _____ Last: _____			
Home Address: _____			
City: _____		State: _____	Zip: _____
Mailing Address: _____		City: _____	State: _____ Zip: _____
Telephone Number: ( ) -		Driver's License No.: _____	Date of Birth: _____

Business Name (As filed with the County Clerk, Fictitious Name Filing Division): _____			
Business Address: _____			
City: _____		Phone No.: ( ) -	
State: _____		Zip: _____	
Interest: Owner <input type="checkbox"/> Manager <input type="checkbox"/> Partner <input type="checkbox"/> Other: <input type="checkbox"/> (Please Specify) _____			
Description of Films to be Shown: _____			

Please list names and addresses of owner and partners (If other than applicant). Use additional sheet(s) if necessary.			
Name: First: _____ Last: _____			
Interest: Owner <input type="checkbox"/> Manager <input type="checkbox"/> Partner <input type="checkbox"/> Other: <input type="checkbox"/> (Please Specify): _____			
Home Address: _____		City: _____ State: _____ Zip: _____	
Telephone: ( ) -		Driver's License No.: _____ Date of Birth: _____	

I, the undersigned, hereby declare that I have carefully read the Sections of the San Bernardino County Code relating to this business; that I understand it thoroughly and will carry out every provision thereof; that to the best of my knowledge, I have complied with the zoning, building and safety, health and fire regulations as outlined. I further state that the statements and answers contained in this application are true to the best of my knowledge and belief, knowing that any false statement will be sufficient cause for denial or revocation of said license. I declare, under penalty of perjury, that the foregoing is true and correct.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

***County Use Only***

***Approvals are required from the departments listed below. These departments may require fees in addition to those fees required by the Clerk of the Board of Supervisors.***

<b>Planning (Code Enforcement)</b> (909) 387-4044			
Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Comments: _____	
Signature: _____		Title: _____ Date: _____	
<b>Environmental Health</b> (909) 884-4056			
Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Comments: _____	
Signature: _____		Title: _____ Date: _____	
<b>Building &amp; Safety</b> (909) 387-8311			
Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Comments: _____	
Signature: _____		Title: _____ Date: _____	
<b>County Fire</b> (909) 386-8400			
Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Comments: _____	
Signature: _____		Title: _____ Date: _____	

**COUNTY USE ONLY-DO NOT WRITE BELOW THIS LINE**

**CLERK OF THE BOARD OF SUPERVISORS**

Initial Application Fee	\$ 70.00	Date Received: _____	Accepted By: _____
		Receipt #: _____	Deputy Clerk of the Board of Supervisors
Initial License Fee	\$185.00	Date Received: _____	Accepted By: _____
		Receipt #: _____	Deputy Clerk of the Board of Supervisors
Renewal Fee	\$185.00	Date Received: _____	Accepted By: _____
		Receipt #: _____	Deputy Clerk of the Board of Supervisors
Date sent to Sheriff's Department: _____			

<b>Sheriff's Department</b> (909) 387-3699			
Recommendation:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Comments: _____
Signature: _____	Title: _____		Date: _____
<b>San Bernardino County Board of Supervisors</b>			
Recommendation:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Comments: _____
Signature: _____	Title: _____		Date: _____